

COURSE CONTINUING EDUCATION ATTENDANCE FORM

Virginia Department of Health - Office of Emergency Medical Services 109 Governor Street, Madison Bldg., Suite UB-55 - Richmond, VA 23219

**FOR USE AS INSTRUCTOR ATTENDANCE RECORD ONLY - DOES NOT REPLACE
SUBMISSION OF STATE CE SCANCARD FOR OFFICIAL REPORTING OF CE HOURS
DO NOT SUBMIT THIS FORM TO THE OFFICE OF EMS**

Course # _____ Category (Check one): ____1(Required) ____2(Approved)

Topic(s) # Used: _____ Date of Class Session: ____/____/____

Subject(s) Taught: _____ Class Location: _____

STUDENT INFORMATION

#	CERT. LEVE L (A-F)	CERTIFICATION# (SSN)										STUDENT NAME (PRINT)	STUDENT SIGNATURE
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(Course Coordinator/Instructor should save this form with other course records to verify student attendance at this class session.)